

FILED JUN 10 1943

Registration District No. 121

Primary Registration District No. 5452

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Ash Grove Mo (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) ~~Name of hospital or institution~~ Boone Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME MARTHA ANN STANTON

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife GEORGE R STANTON 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased August - 13 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 - 9 - 3 hr. min.

9. Birthplace Barry County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Wife of Farmer

11. Industry or business Farming

12. Name William Lee

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Patience Ann Lawson

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant G. R. Stanton

(b) Address Ash Grove Mo (Rural) Boone Township

17. (a) Burial (b) Date thereof 5/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Mo Cemetery

18. (a) Signature of funeral director A. Galbraith

(b) Address Ash Grove, Mo

19. (a) 5-19-43 (b) J. W. Burch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Ash Grove (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1943 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 9
1943 to May 16, 1943
that I last saw her alive on May 16, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Embolism Duration Stroke

Due to Arterio-sclerosis 12
and Valvular Heart Disease Year

Due to _____
Other conditions (Include pregnancy within 3 months of death) 928

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr. Charles B. Burch M. D. or other
Address Ash Grove Mo Date signed 5/17/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 43-6-70

Date Filed 6/8/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed

W. Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.